

Section I – OCCUPIED UNITS

d. How is . . . related to . . . (reference person) (person on Line 1)? Show Flashcard I and enter the appropriate code in the box below.	e. Is . . . of Spanish or Hispanic origin? (If Yes, read the categories and mark the appropriate box, otherwise mark "No.")	f. What is . . . 's race? Select one or more categories from the flashcard. Show Flashcard II and mark (X) all that apply, OR box 12 <u>only</u> and print race.	These next two questions may seem like ones I asked before, but I must ask them to double check.	
			(Don't ask for persons under 15) g. Does . . . have a spouse or unmarried partner in the household?	h. Does . . . have a parent in the household?
<div>R</div> <div>Reference person</div>	<div><div>1</div><input type="checkbox"/> No</div> <div><div>2</div><input type="checkbox"/> Puerto Rican</div> <div><div>3</div><input type="checkbox"/> Dominican</div> <div><div>4</div><input type="checkbox"/> Cuban</div> <div><div>5</div><input type="checkbox"/> South/Central American</div> <div><div>6</div><input type="checkbox"/> Mexican-American, Mexican, Chicano</div> <div><div>7</div><input type="checkbox"/> Other Spanish/Hispanic</div>			

Section I – OCCUPIED UNITS – Continued

2a. Is there anyone now living in this apartment (house) that came here within the past five years from a homeless situation such as a shelter, transitional center or hotel?

050

1

☐ Yes – Go to 2b

2

☐ No – SKIP to 3

b. Who are they? (Fill in the persons who answered "yes" to 2a above)

Refer to the roster, page 2, and enter the person number(s) starting in box 055.

055

056

057

058

059

060

1

1

1

1

1

1

2

2

2

2

2

2

061

062

063

064

065

066

1

1

1

1

1

1

2

2

2

2

2

2

c. Was . . . in the homeless situation mainly because he/she could not afford his/her own apartment (house) or mainly for other reasons?

Affordability – Circle "1" next to person number in 2b.
Other reason – Circle "2" next to person number in 2b.

The following questions (3 through 11c) refer to the reference person (the person listed on line 1).

3. Where was the most recent place . . . (reference person) lived for six months or more before moving into this apartment (house)?

(Show Flashcard III to respondent and have him/her select an answer; then mark (X) the appropriate box.)

NOTE – If the respondent indicates that the reference person lived in the SAME borough that he/she currently lives in, DON'T mark any of boxes 04–08; mark (X) either box 01, 02, or 03. Also, don't mark (X) box 01 unless you are certain. Many people may feel as though they lived in a unit forever, but it's rare. The reference person had to live there since birth. Be sure to probe.

051

01

☐ Always lived in this unit

02

☐ Other unit in same building

03

☐ Same borough but another building

IN NEW YORK CITY, SAME BOROUGH

04☐ Bronx

05☐ Brooklyn

06☐ Manhattan

07☐ Queens

08☐ Staten Island

IN NEW YORK CITY, OTHER BOROUGH

09☐ NY, NJ, Connecticut

10☐ Other State

11☐ Puerto Rico

12☐ Dominican Republic

13☐ Caribbean (other than Puerto Rico or Dominican Republic)

14☐ Mexico

25☐ Central America, South America

15☐ Europe

16☐ Russia/Successor States to Soviet Union (Ukraine, Georgia, etc.)

17☐ China, Hong Kong, Taiwan

18☐ Korea

19☐ India

26☐ Pakistan, Bangladesh

20☐ Philippines

21☐ Southeast Asia (Burma, Cambodia, Laos, Malaysia, Singapore, Thailand, Vietnam)

22☐ Other Asia

23☐ Africa

24☐ All other countries – Specify ➤

4a. In what year did . . . (reference person) move into this apartment (house)?

Enter all four digits of year.

052

Year

If 1971 – Ask 4b
If any other year – SKIP to 5

b. Ask only if reference person moved here in 1971

Did . . (reference person) move here on or after July 1, 1971?

053

1

☐ Yes, on or after July 1 in 1971

2

☐ No, before July 1 in 1971

5. Are you the first occupant(s) of this apartment (house) since its construction, gut rehabilitation, or creation through conversion?

054

1

☐ Yes, first occupants

2

☐ No, previously occupied

3

☐ Don't know

CHECK ITEM A

REFER TO QUESTION 4a ABOVE

☐ Moved here 1999 or later – GO to question 6 on page 4

☐ Moved here 1998 or earlier – SKIP to question 7 on page 5

FORM H-100 (5-2-2001)

Page 3

Section I – OCCUPIED UNITS – Continued

6. What is the main reason . . . (reference person) moved from his/her previous residence?

Mark (X) ONLY one box.

110

EMPLOYMENT

- 01 ☐ Job transfer/new job
- 02 ☐ Retirement
- 03 ☐ Looking for work
- 04 ☐ Commuting reasons
- 05 ☐ To attend school
- 06 ☐ Other financial/employment reason

FAMILY

- 07 ☐ Needed larger house or apartment
- 08 ☐ Widowed
- 09 ☐ Separated/divorced
- 10 ☐ Newly married
- 11 ☐ Moved to be with or closer to relatives
- 12 ☐ Family decreased (except widowed/separated/divorced)
- 13 ☐ Wanted to establish separate household
- 14 ☐ Other family reason

NEIGHBORHOOD

- 15 ☐ Neighborhood overcrowded
- 16 ☐ Change in racial or ethnic composition of neighborhood
- 17 ☐ Wanted this neighborhood/better neighborhood services
- 18 ☐ Crime or safety concerns
- 19 ☐ Other neighborhood reason

HOUSING

- 20 ☐ Wanted to own residence
- 21 ☐ Wanted to rent residence
- 22 ☐ Wanted less expensive residence/difficulty paying rent or mortgage
- 23 ☐ Wanted better quality residence
- 24 ☐ Evicted
- 25 ☐ Poor building condition/services
- 26 ☐ Harassment by landlord
- 27 ☐ Needed housing accessible for persons with mobility impairments
- 28 ☐ Other housing reason

OTHER

- 29 ☐ Displaced by urban renewal, highway construction, or other public activity
- 30 ☐ Displaced by private action (other than eviction)
- 31 ☐ Schools
- 32 ☐ Natural disaster/fire
- 33 ☐ Any other – Specify ☐

Notes

Section I – OCCUPIED UNITS – Continued			
7. Place of birth	a. . . . (reference person) born?	b. . . .’s (reference person’s) father born?	c. . . .’s (reference person’s) mother born?
Where was →			
09. New York City	111 09 <input type="checkbox"/>	112 09 <input type="checkbox"/>	113 09 <input type="checkbox"/>
10. U.S., Outside New York City	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Puerto Rico	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Dominican Republic	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. Caribbean (other than Puerto Rico or Dominican Republic)	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
14. Mexico	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>
25. Central America, South America	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>
15. Europe	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>
16. Russia/Successor States to Soviet Union (Ukraine, Georgia, etc.)	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>
17. China, Hong Kong, Taiwan	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>
18. Korea	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>
19. India	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>
26. Pakistan, Bangladesh	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>
20. Philippines	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>
21. Southeast Asia (Burma, Cambodia, Laos, Malaysia, Singapore, Thailand, Vietnam)	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>
22. Other Asia	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>
23. Africa	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>
24. All other countries	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>
(SHOW Flashcard III to respondent. Categories 11-24 on Flashcard III match exactly as shown above. Mark (X) box 09 above for categories 01-08 on Flashcard III. Mark (X) box 10 above for categories 09 and 10 on Flashcard III.)			
8. Is this apartment (house) part of a condominium or cooperative building or development? A condominium is a building or development with individually owned apartments or houses having commonly owned areas and grounds. A cooperative or "co-op" is a building or development that is owned by its shareholders.	114 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, a condominium 3 <input type="checkbox"/> Yes, a cooperative 4 <input type="checkbox"/> Don't know		
9a. Is this apartment (house) owned or being bought by . . . (reference person) or someone else in this household?	115 1 <input type="checkbox"/> Yes, owned or being bought – SKIP to 11a 0 <input type="checkbox"/> No – GO to 9b		
b. Does . . . (reference person) or someone else in this household own cooperative shares for this apartment (house)?	129 1 <input type="checkbox"/> Yes – SKIP to 11a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } GO to 9c		
c. Does . . . (reference person) pay cash rent for this apartment (house) or does he/she occupy it rent free?	116 2 <input type="checkbox"/> Pay cash rent – GO to Check Item B 3 <input type="checkbox"/> Occupy rent free – SKIP to 20		
CHECK ITEM B	REFER TO QUESTION 8 ABOVE <input type="checkbox"/> Condominium (box 2 marked) } <input type="checkbox"/> Cooperative (box 3 marked) } GO to 10a <input type="checkbox"/> All other renter occupied (box 1 or 4 marked) – SKIP to 20		
10a. Did . . . (reference person) live here and pay cash rent at the time this building became a condominium or cooperative?	117 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know		
b. When this apartment (house) became a condominium or cooperative was it done through a non-eviction plan? Under a non-eviction plan, tenants can NOT be evicted for NOT buying their unit.	118 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 20		

Section I – OCCUPIED UNITS – Continued

11a. In what year did . . . (reference person) acquire this apartment (house)? <i>Enter all four digits of year.</i>	Year <div>119<div></div><div></div><div></div><div></div></div>
b. Before . . . (reference person) acquired this apartment (house) was it owned and occupied by another household, rented by . . . (reference person), rented by another household, or never previously occupied?	<div>120</div> <div>1 <input type="checkbox"/> Owned and occupied by another household 2 <input type="checkbox"/> Rented by reference person 3 <input type="checkbox"/> Rented by another household 4 <input type="checkbox"/> Never previously occupied 5 <input type="checkbox"/> Don't know</div>
c. Before . . . (reference person) acquired this apartment (house) was it part of a condominium or cooperative building or development?	<div>121</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</div>

CHECK ITEM C	<i>REFER TO QUESTION 11a ABOVE</i> <div><input type="checkbox"/> Acquired 1997 or later – <i>GO to 12a</i> <input type="checkbox"/> Acquired 1996 or earlier – <i>SKIP to 13</i></div>
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12a. What was the purchase price for this apartment (house)?	<div>122</div> <div>\$ <div></div> . <div>00</div></div>
	<div>123</div> <div>0 <input type="checkbox"/> Don't know</div>
b. What was the down payment for this apartment (house)?	<div>124</div> <div>\$ <div></div> . <div>00</div></div>
	<div>125</div> <div>0 <input type="checkbox"/> Don't know</div>

13. What is the value of this apartment (house), that is, in your opinion, how much would it currently sell for if it were on the market?	<div>126</div> <div>\$ <div></div> . <div>00</div></div>
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14. Is there a mortgage, home equity loan, or similar loan on this apartment (house) or is this apartment (house) owned free and clear?	<div>127</div> <div>1 <input type="checkbox"/> Mortgage, home equity, or similar loan 2 <input type="checkbox"/> Owned free and clear – <i>SKIP to Check Item D</i></div>
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15. What are the current monthly mortgage or loan payments? Include payments on first, second, home equity loan, and any other mortgages.	<div>128</div> <div>\$ <div></div> . <div>00</div> Per month</div>
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CHECK ITEM D	<i>REFER TO QUESTION 8 ON PAGE 5</i> <div><div><input type="checkbox"/> Condominium (box 2 marked) <input type="checkbox"/> Cooperative (box 3 marked) <input type="checkbox"/> All other owner occupied (box 1 or 4 marked) – <i>SKIP to 18a</i></div><div>}</div><div><i>GO to 16</i></div></div>
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16. What are the monthly condominium or co-op maintenance fees for this apartment (house)? Exclude payments for any mortgages (loans) on this unit.	<div>130</div> <div>\$ <div></div> . <div>00</div></div>
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CHECK ITEM E	<i>REFER TO QUESTION 1c ON PAGE 2 FOR EACH PERSON</i> <div><input type="checkbox"/> With any household member age 62 or over – <i>GO to 17</i> <input type="checkbox"/> No household member age 62 or over – <i>SKIP to 18a</i></div>
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17. Is any household member receiving a Senior Citizen Carrying Charge Increase Exemption?	<div>140</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</div>
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18a. Is the fire and liability insurance premium for this apartment (house) paid separately? <i>(Separately means not included in the mortgage or loan payment or the condominium or co-op maintenance fee.)</i>	<div>141</div> <div>1 <input type="checkbox"/> Yes –<i>GO to 18b</i> 2 <input type="checkbox"/> No, included in mortgage or loan payment – <i>SKIP to 18c</i> 3 <input type="checkbox"/> No insurance – <i>SKIP to 19a</i></div>
b. What was the cost of fire and liability insurance for 2001?	<div>142</div> <div>\$ <div></div> . <div>00</div></div>
c. Does the fire and liability insurance for this apartment (house) also cover personal possessions?	<div>143</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</div>

Section I – OCCUPIED UNITS – Continued

19a. Are the real estate taxes for this apartment (house) paid separately? <i>(Separately means not included in the mortgage or loan payment or the condominium or co-op maintenance fee.)</i>	<div>144</div> <div><div><div><div>1</div><div><input type="checkbox"/></div><div>Yes – <i>GO to 19b</i></div></div><div><div>2</div><div><input type="checkbox"/></div><div>No, included in mortgage or loan payment</div></div><div><div>3</div><div><input type="checkbox"/></div><div>No, included in condominium or maintenance fee</div></div></div><div>} <i>SKIP to 20</i></div></div>
b. What were the real estate taxes for 2001?	<div>145</div> <div>\$ <div></div> . <div>00</div></div>
NOTE – Questions 20–22a, 23a and 23b pertain to the building. Be certain to mark (X) the same box in each question for all forms within the same building.	
20. How many units are in this building? <i>If the respondent doesn’t know, canvass the building and count the units.</i>	<div>146</div> <div><div><div>01</div><div><input type="checkbox"/></div><div>1 unit without business</div></div><div><div>02</div><div><input type="checkbox"/></div><div>1 unit with business</div></div><div><div>03</div><div><input type="checkbox"/></div><div>2 units without business</div></div><div><div>04</div><div><input type="checkbox"/></div><div>2 units with business</div></div><div><div>05</div><div><input type="checkbox"/></div><div>3 units</div></div><div><div>06</div><div><input type="checkbox"/></div><div>4 or 5 units</div></div><div><div>07</div><div><input type="checkbox"/></div><div>6 to 9 units</div></div><div><div>08</div><div><input type="checkbox"/></div><div>10 to 12 units</div></div><div><div>09</div><div><input type="checkbox"/></div><div>13 to 19 units</div></div><div><div>10</div><div><input type="checkbox"/></div><div>20 to 49 units</div></div><div><div>11</div><div><input type="checkbox"/></div><div>50 to 99 units</div></div><div><div>12</div><div><input type="checkbox"/></div><div>100 to 199 units</div></div><div><div>13</div><div><input type="checkbox"/></div><div>200 or more units</div></div></div>

Section I – OCCUPIED UNITS – Continued

25a. Does this apartment (house) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?	<div>152</div> <div><div><input type="checkbox"/> 0 Yes, has complete plumbing facilities – <i>Go to 25b</i></div><div><input type="checkbox"/> 1 No, has some but not all facilities in this apartment (house) – <i>SKIP to 25c</i></div><div><input type="checkbox"/> 2 No plumbing facilities in this apartment (house) – <i>SKIP to 26a</i></div></div>
b. Are these facilities for the exclusive use of this household or are they also for use by another household?	<div>153</div> <div><div><input type="checkbox"/> 3 For the exclusive use of this household</div><div><input type="checkbox"/> 4 Also for use by another household</div></div>
c. Was there any time in the last three months when all the toilets in this apartment (house) were not working for six consecutive hours?	<div>154</div> <div><div><input type="checkbox"/> 1 Yes</div><div><input type="checkbox"/> 2 No</div><div><input type="checkbox"/> 3 No toilet in this apartment (house)</div></div>
26a. Does this apartment (house) have complete kitchen facilities? Complete kitchen facilities include a sink with piped water, a range or cookstove, and a refrigerator.	<div>155</div> <div><div><input type="checkbox"/> 0 Yes has complete kitchen facilities – <i>GO to 26b</i></div><div><input type="checkbox"/> 1 No, has some but not all facilities in this apartment (house) – <i>SKIP to 26c</i></div><div><input type="checkbox"/> 2 No kitchen facilities in this apartment (house), but facilities available in building</div><div><input type="checkbox"/> 3 No kitchen facilities in this building</div></div> <div><i>SKIP to 27</i></div>
b. Are these facilities for the exclusive use of this household or are they also for use by another household?	<div>156</div> <div><div><input type="checkbox"/> 4 For the exclusive use of this household</div><div><input type="checkbox"/> 5 Also for use by another household</div></div>
c. Are all the kitchen facilities in your apartment (house) functioning?	<div>157</div> <div><div><input type="checkbox"/> 1 Yes, all are functioning</div><div><input type="checkbox"/> 2 No, one or more is not working at all</div></div>
27. How is this apartment (house) heated – by fuel oil, utility gas, electricity, or with some other fuel?	<div>158</div> <div><div><input type="checkbox"/> 1 Fuel oil</div><div><input type="checkbox"/> 2 Utility gas</div><div><input type="checkbox"/> 3 Electricity</div><div><input type="checkbox"/> 4 Other fuel (including CON ED steam)</div><div><input type="checkbox"/> 5 Don’t know</div></div>
28. I have some questions about utility costs.	<div>159</div> <div><div><input type="checkbox"/> 1 Yes – <i>GO to 28a(2)</i></div><div><input type="checkbox"/> 2 Yes, but combined with gas – <i>Ask for separate estimates; if not possible SKIP to 28c</i></div><div><input type="checkbox"/> 3 No, included in rent, condominium or other fee – <i>SKIP to 28b(1)</i></div></div>
a. (1) Do you pay for your own electricity?	
(2) What is the average MONTHLY cost?	<div>160</div> <div>\$ <div></div> . <div>00</div></div>
b. (1) Do you pay for your own gas?	<div>161</div> <div><div><input type="checkbox"/> 1 Yes – <i>GO to 28b(2)</i></div><div><input type="checkbox"/> 2 No, included in rent, condominium or other fee</div><div><input type="checkbox"/> 3 No, gas not used</div></div> <div><i>SKIP to 28d(1)</i></div>
(2) What is the average MONTHLY cost?	<div>162</div> <div>\$ <div></div> . <div>00</div></div>
IMPORTANT – SKIP 28c unless the respondent cannot provide separate estimates for electricity and gas, and pays a combined bill. If separate estimates are available, fill 28a(2) and 28b(2), leave 28c blank, and SKIP to 28d(1).	
c. What is your combined average electricity and gas payment each month?	<div>163</div> <div>\$ <div></div> . <div>00</div></div> <div><i>Fill this ONLY when separate estimates cannot be given.</i></div>
d. (1) Do you pay your own water and sewer charges?	<div>164</div> <div><div><input type="checkbox"/> 1 Yes – <i>GO to 28d(2)</i></div><div><input type="checkbox"/> 2 No, included in rent, condominium or other fee or no charge – <i>SKIP to 28e(1)</i></div></div>
(2) What is the total YEARLY cost?	<div>165</div> <div>\$ <div></div> . <div>00</div></div>
e. (1) Do you pay for your own oil, coal, kerosene, wood, steam, etc.?	<div>166</div> <div><div><input type="checkbox"/> 1 Yes – <i>GO to 28e(2)</i></div><div><input type="checkbox"/> 2 No, included in rent, condominium or other fee</div><div><input type="checkbox"/> 3 No, these fuels not used</div></div> <div><i>SKIP to Check Item F</i></div>
(2) What is the total YEARLY cost?	<div>167</div> <div>\$ <div></div> . <div>00</div></div>

Section I – OCCUPIED UNITS – Continued

CHECK
ITEM F

REFER TO QUESTION 9 ON PAGE 5

- ☐ Owner occupied (question 9a, box 1 marked)

☐ Owns co-op shares (question 9b, box 1 marked)

☐ Occupy rent free (question 9c, box 3 marked)

☐ Pay cash rent (question 9c, box 2 marked) – GO to 29
- }
- SKIP to 32a

29. What is the length of the lease on this apartment (house) – – that is, the total time from when the lease began until it will expire?

- 181
- 1

☐ Less than 1 year
- 2

☐ 1 year
- 3

☐ More than 1 but less than 2 years
- 4

☐ 2 years
- 5

☐ More than 2 years
- 6

☐ No lease
- 7

☐ Don't know

30a. What is the MONTHLY rent?

(If rent is paid other than monthly, refer to the manual on how to convert it.)

182

\$

.

00

Per month

b. Is this apartment (house) under Rent Control or Rent Stabilization?

- 183
- 1

☐ Under Rent Control
- 2

☐ Under Rent Stabilization
- 3

☐ Neither of the above
- 4

☐ Don't know

31a. Is any part of the monthly rent for this apartment (house) paid by any of the following government programs, either to a member of this household or directly to the landlord?

(1) Federal Section 8 certificate or voucher program

541

1

☐ Yes

→ Since

Year

– Go to 31a(2)

0000

☐ No

→ Has it ever since 1996?

1

☐ Yes

2

☐ No

} Go to 31a(2)

00004

☐ Don't know

→ Go to 31a(2)

(2) Public assistance shelter allowance program

542

1

☐ Yes

→ Since

Year

– Go to 31a(3)

0000

☐ No

→ Has it ever since 1996?

1

☐ Yes

2

☐ No

} Go to 31a(3)

00004

☐ Don't know

→ Go to 31a(3)

(3) Senior Citizen Rent Increase Exemption (SCRIE)

184

1

☐ Yes

→ Since

Year

– Go to 31a(4)

0000

☐ No

→ Has it ever since 1996?

1

☐ Yes

2

☐ No

} Go to 31a(4)

00004

☐ Don't know

→ Go to 31a(4)

(4) Another Federal housing subsidy program

543

1

☐ Yes

→ Since

Year

– Go to 31a(5)

0000

☐ No

→ Has it ever since 1996?

1

☐ Yes

2

☐ No

} Go to 31a(5)

00004

☐ Don't know

→ Go to 31a(5)

(5) Another state or city housing subsidy program

544

1

☐ Yes

→ Since

Year

– Go to 31b

0000

☐ No

→ Has it ever since 1996?

1

☐ Yes

2

☐ No

} Go to 31b

00004

☐ Don't know

→ Go to 31b

b. Of the (amount from 30a) rent you reported, how much is paid out of pocket by this household?

(Out of pocket means the money your household pays for rent over and above any shelter allowance or other government housing subsidy.)

547

\$

.

00

0

☐ None

Section I – OCCUPIED UNITS – Continued	
<p>32a. Now, I would like to ask you some questions about the condition of this housing unit.</p> <p>At any time during this winter was there a breakdown in your heating equipment; that is, was it completely unusable for 6 consecutive hours or longer?</p>	<div>185</div> <div><div>0</div><div><input type="checkbox"/> Yes – <i>GO to 32b</i></div><div><input type="checkbox"/> No – <i>SKIP to 33</i></div></div>
<p>b. How many times did that happen?</p>	<div>186</div> <div><div>2</div><div><input type="checkbox"/> One</div></div> <div><div>3</div><div><input type="checkbox"/> Two</div></div> <div><div>4</div><div><input type="checkbox"/> Three</div></div> <div><div>5</div><div><input type="checkbox"/> Four or more times</div></div>
<p>33. During this winter when your regular heating system was working, did you, at any time, have to use additional sources of heat because your regular system did not provide enough heat? Additional sources may be the kitchen stove, a fireplace, or a portable heater.</p>	<div>187</div> <div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></div>
<p>34a. At any time in the last 90 days have you seen any mice or rats or signs of mice or rats in this building?</p>	<div>188</div> <div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></div>
<p>b. Is this building serviced by an exterminator regularly, only when needed, irregularly, or not at all?</p>	<div>189</div> <div><div>1</div><div><input type="checkbox"/> Regularly</div></div> <div><div>2</div><div><input type="checkbox"/> Only when needed</div></div> <div><div>3</div><div><input type="checkbox"/> Irregularly</div></div> <div><div>4</div><div><input type="checkbox"/> Not at all</div></div> <div><div>5</div><div><input type="checkbox"/> Don’t know</div></div>
<p>35a. Does this apartment (house) have open cracks or holes in the interior walls or ceiling? Do not include hairline cracks.</p>	<div>190</div> <div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></div>
<p>b. Does this apartment (house) have holes in the floors?</p>	<div>191</div> <div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></div>
<p>36a. Is there any broken plaster or peeling paint on the ceiling or inside walls?</p>	<div>192</div> <div><div>0</div><div><input type="checkbox"/> Yes – <i>GO to 36b</i></div></div> <div><div>1</div><div><input type="checkbox"/> No – <i>SKIP to 37</i></div></div>
<p>b. Is the area of broken plaster or peeling paint larger than 8½ inches by 11 inches? <i>Show unfolded flashcard.</i></p>	<div>193</div> <div><div>2</div><div><input type="checkbox"/> Yes</div></div> <div><div>3</div><div><input type="checkbox"/> No</div></div>
<p>37. Has water leaked into your apartment (house) in the last 12 months, excluding leaks resulting from your own plumbing fixtures backing up or overflowing?</p>	<div>194</div> <div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></div>
<p>We are also interested in the condition of your neighborhood.</p>	
<p>38. Are there any boarded up buildings in this neighborhood?</p>	<div>195</div> <div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></div>
<p>39. How would you rate the physical condition of the residential structures in this NEIGHBORHOOD – would you say they are on the whole excellent, good, fair, or poor?</p>	<div>196</div> <div><div>1</div><div><input type="checkbox"/> Excellent</div></div> <div><div>2</div><div><input type="checkbox"/> Good</div></div> <div><div>3</div><div><input type="checkbox"/> Fair</div></div> <div><div>4</div><div><input type="checkbox"/> Poor</div></div>
<p>Now in order to better understand the housing situation in the city, we need to learn something about the income, employment, and education level of each household member.</p>	
<p>Notes</p>	
<p><i>Continue with questions for each person on page 12.</i></p>	

Notes

Section I – OCCUPIED UNITS – Continued

CHECK ITEM G	40a. Did . . . work at any time last week?	b. How many hours did . . . work last week at all jobs? (Subtract time off; add overtime or extra hours worked)	41. Was . . . TEMPORARILY absent or on layoff from a job last week?	42. Has . . . been doing anything to find work during the last four weeks?
Ask questions 40a–50 of ALL household members age 15 and above. Refer to question 1c on page 2 for each person’s age.				
601 1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18	201 1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	211 <div><div></div>Hours – SKIP to 45a</div>	221 1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	231 1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
602 1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18	202 1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	212 <div><div></div>Hours – SKIP to 45a</div>	222 1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	232 1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
603 1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18	203 1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	213 <div><div></div>Hours – SKIP to 45a</div>	223 1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	233 1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
604 1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18	204 1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	214 <div><div></div>Hours – SKIP to 45a</div>	224 1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	234 1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
605 1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18	205 1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	215 <div><div></div>Hours – SKIP to 45a</div>	225 1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	235 1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
606 1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18	206 1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	216 <div><div></div>Hours – SKIP to 45a</div>	226 1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	236 1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No
607 1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50 2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18	207 1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business) 2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41	217 <div><div></div>Hours – SKIP to 45a</div>	227 1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a 3 <input type="checkbox"/> No	237 1 <input type="checkbox"/> Yes – SKIP to 44 2 <input type="checkbox"/> No

Section I – OCCUPIED UNITS – Continued				
43. What is the main reason . . . is not looking for work?	44. When did . . . last work at his/her job or business?	The following questions ask about the job worked last week. <i>If . . . had more than one job, describe the one . . . worked the most hours. If . . . didn’t work, refer to the most recent job since 1997.</i>		
		45a. For whom did . . . work? <i>Print the name of the company, employer, business, or branch of armed services if on active duty.</i>	b. What kind of business or industry is this? <i>For example: hospital, newspaper publishing, garment manufacturing, stock brokerage.</i>	c. Is this mainly manufacturing, wholesale trade, retail trade, or something else?
<div>Show Flashcard IV and enter the code. ↴</div> <div>631<div></div></div>	<div>241</div> <div><div><div>1<input type="checkbox"/> 2002</div><div>2<input type="checkbox"/> 2001</div><div>3<input type="checkbox"/> 1997–2000</div><div>4<input type="checkbox"/> 1996 or earlier</div><div>5<input type="checkbox"/> Never worked</div></div><div><div>GO to 45a</div><div>SKIP to 49b</div></div></div>		<div>Describe the main activity at location where employed. ↴</div>	<div>251</div> <div><div>1<input type="checkbox"/> Manufacturing</div><div>2<input type="checkbox"/> Wholesale trade</div><div>3<input type="checkbox"/> Retail trade</div><div>4<input type="checkbox"/> Other (service, construction, government, etc.)</div></div>
<div>Show Flashcard IV and enter the code. ↴</div> <div>632<div></div></div>	<div>242</div> <div><div><div>1<input type="checkbox"/> 2002</div><div>2<input type="checkbox"/> 2001</div><div>3<input type="checkbox"/> 1997–2000</div><div>4<input type="checkbox"/> 1996 or earlier</div><div>5<input type="checkbox"/> Never worked</div></div><div><div>GO to 45a</div><div>SKIP to 49b</div></div></div>		<div>Describe the main activity at location where employed. ↴</div>	<div>252</div> <div><div>1<input type="checkbox"/> Manufacturing</div><div>2<input type="checkbox"/> Wholesale trade</div><div>3<input type="checkbox"/> Retail trade</div><div>4<input type="checkbox"/> Other (service, construction, government, etc.)</div></div>
<div>Show Flashcard IV and enter the code. ↴</div> <div>633<div></div></div>	<div>243</div> <div><div><div>1<input type="checkbox"/> 2002</div><div>2<input type="checkbox"/> 2001</div><div>3<input type="checkbox"/> 1997–2000</div><div>4<input type="checkbox"/> 1996 or earlier</div><div>5<input type="checkbox"/> Never worked</div></div><div><div>GO to 45a</div><div>SKIP to 49b</div></div></div>		<div>Describe the main activity at location where employed. ↴</div>	<div>253</div> <div><div>1<input type="checkbox"/> Manufacturing</div><div>2<input type="checkbox"/> Wholesale trade</div><div>3<input type="checkbox"/> Retail trade</div><div>4<input type="checkbox"/> Other (service, construction, government, etc.)</div></div>
<div>Show Flashcard IV and enter the code. ↴</div> <div>634<div></div></div>	<div>244</div> <div><div><div>1<input type="checkbox"/> 2002</div><div>2<input type="checkbox"/> 2001</div><div>3<input type="checkbox"/> 1997–2000</div><div>4<input type="checkbox"/> 1996 or earlier</div><div>5<input type="checkbox"/> Never worked</div></div><div><div>GO to 45a</div><div>SKIP to 49b</div></div></div>		<div>Describe the main activity at location where employed. ↴</div>	<div>254</div> <div><div>1<input type="checkbox"/> Manufacturing</div><div>2<input type="checkbox"/> Wholesale trade</div><div>3<input type="checkbox"/> Retail trade</div><div>4<input type="checkbox"/> Other (service, construction, government, etc.)</div></div>
<div>Show Flashcard IV and enter the code. ↴</div> <div>635<div></div></div>	<div>245</div> <div><div><div>1<input type="checkbox"/> 2002</div><div>2<input type="checkbox"/> 2001</div><div>3<input type="checkbox"/> 1997–2000</div><div>4<input type="checkbox"/> 1996 or earlier</div><div>5<input type="checkbox"/> Never worked</div></div><div><div>GO to 45a</div><div>SKIP to 49b</div></div></div>		<div>Describe the main activity at location where employed. ↴</div>	<div>255</div> <div><div>1<input type="checkbox"/> Manufacturing</div><div>2<input type="checkbox"/> Wholesale trade</div><div>3<input type="checkbox"/> Retail trade</div><div>4<input type="checkbox"/> Other (service, construction, government, etc.)</div></div>
<div>Show Flashcard IV and enter the code. ↴</div> <div>636<div></div></div>	<div>246</div> <div><div><div>1<input type="checkbox"/> 2002</div><div>2<input type="checkbox"/> 2001</div><div>3<input type="checkbox"/> 1997–2000</div><div>4<input type="checkbox"/> 1996 or earlier</div><div>5<input type="checkbox"/> Never worked</div></div><div><div>GO to 45a</div><div>SKIP to 49b</div></div></div>		<div>Describe the main activity at location where employed. ↴</div>	<div>256</div> <div><div>1<input type="checkbox"/> Manufacturing</div><div>2<input type="checkbox"/> Wholesale trade</div><div>3<input type="checkbox"/> Retail trade</div><div>4<input type="checkbox"/> Other (service, construction, government, etc.)</div></div>
<div>Show Flashcard IV and enter the code. ↴</div> <div>637<div></div></div>	<div>247</div> <div><div><div>1<input type="checkbox"/> 2002</div><div>2<input type="checkbox"/> 2001</div><div>3<input type="checkbox"/> 1997–2000</div><div>4<input type="checkbox"/> 1996 or earlier</div><div>5<input type="checkbox"/> Never worked</div></div><div><div>GO to 45a</div><div>SKIP to 49b</div></div></div>		<div>Describe the main activity at location where employed. ↴</div>	<div>257</div> <div><div>1<input type="checkbox"/> Manufacturing</div><div>2<input type="checkbox"/> Wholesale trade</div><div>3<input type="checkbox"/> Retail trade</div><div>4<input type="checkbox"/> Other (service, construction, government, etc.)</div></div>

Section I – OCCUPIED UNITS – Continued			
46a. What kind of work was . . . doing, that is what’s his/her occupation? <i>For example: registered nurse, personnel manager, seamstress, stockbroker.</i>	b. What are . . .’s usual activities at this job? <i>For example: patient care, directing hiring policies, stitching pants, selling stock.</i>	OFFICE USE ONLY	
		Industry	Occupation
<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	261 <div></div> Code	271 <div></div> Code
<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	262 <div></div> Code	272 <div></div> Code
<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	263 <div></div> Code	273 <div></div> Code
<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	264 <div></div> Code	274 <div></div> Code
<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	265 <div></div> Code	275 <div></div> Code
<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	266 <div></div> Code	276 <div></div> Code
<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	267 <div></div> Code	277 <div></div> Code

Section I – OCCUPIED UNITS – Continued

47. What type of business or organization does . . . work at? <i>Read all categories unless the answer is apparent from the information given in question 45, then mark (X) the appropriate box.</i>	48a. How many weeks did . . . work in 2001? <i>Count paid vacation, paid sick leave, and military service.</i>	b. How many hours did . . . usually work each week in 2001?
281 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	291 <div><div></div>Weeks or 00 <input type="checkbox"/> None –<i>SKIP to 49b</i></div>	301 <div><div></div>Hours</div>
282 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	292 <div><div></div>Weeks or 00 <input type="checkbox"/> None –<i>SKIP to 49b</i></div>	302 <div><div></div>Hours</div>
283 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	293 <div><div></div>Weeks or 00 <input type="checkbox"/> None –<i>SKIP to 49b</i></div>	303 <div><div></div>Hours</div>
284 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	294 <div><div></div>Weeks or 00 <input type="checkbox"/> None –<i>SKIP to 49b</i></div>	304 <div><div></div>Hours</div>
285 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	295 <div><div></div>Weeks or 00 <input type="checkbox"/> None –<i>SKIP to 49b</i></div>	305 <div><div></div>Hours</div>
286 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	296 <div><div></div>Weeks or 00 <input type="checkbox"/> None –<i>SKIP to 49b</i></div>	306 <div><div></div>Hours</div>
287 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	297 <div><div></div>Weeks or 00 <input type="checkbox"/> None –<i>SKIP to 49b</i></div>	307 <div><div></div>Hours</div>

Section I – OCCUPIED UNITS – Continued

The following questions are about income received during 2001? <i>If an exact amount is not known, accept a best estimate. If there was a net loss in b or c, mark the "Loss" box and enter the dollar amount of the loss.</i>		
49a. Did . . . earn income from wages, salary, commissions, bonuses, or tips?	b. Did . . . earn any income from (his/her) own farm or nonfarm business, proprietorship, or partnership?	c. Did . . . receive any interest, dividends, net rental or royalty income, or income from estates and trusts? Include even small amounts credited to an account.
<div><div><input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↗</div><div>311\$.00</div><div>3121 <input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes – How much? Report net income after business expenses ↗</div><div>331\$.00</div><div>3321 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div></div>	<div><div><input type="checkbox"/> Yes – How much? ↗</div><div>351\$.00</div><div>3521 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div></div>
<div><div><input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↗</div><div>313\$.00</div><div>3141 <input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes – How much? Report net income after business expenses ↗</div><div>333\$.00</div><div>3341 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div></div>	<div><div><input type="checkbox"/> Yes – How much? ↗</div><div>353\$.00</div><div>3541 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div></div>
<div><div><input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↗</div><div>315\$.00</div><div>3161 <input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes – How much? Report net income after business expenses ↗</div><div>335\$.00</div><div>3361 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div></div>	<div><div><input type="checkbox"/> Yes – How much? ↗</div><div>355\$.00</div><div>3561 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div></div>
<div><div><input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↗</div><div>317\$.00</div><div>3181 <input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes – How much? Report net income after business expenses ↗</div><div>337\$.00</div><div>3381 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div></div>	<div><div><input type="checkbox"/> Yes – How much? ↗</div><div>357\$.00</div><div>3581 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div></div>
<div><div><input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↗</div><div>319\$.00</div><div>3201 <input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes – How much? Report net income after business expenses ↗</div><div>339\$.00</div><div>3401 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div></div>	<div><div><input type="checkbox"/> Yes – How much? ↗</div><div>359\$.00</div><div>3601 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div></div>
<div><div><input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↗</div><div>321\$.00</div><div>3221 <input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes – How much? Report net income after business expenses ↗</div><div>341\$.00</div><div>3421 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div></div>	<div><div><input type="checkbox"/> Yes – How much? ↗</div><div>361\$.00</div><div>3621 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div></div>
<div><div><input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↗</div><div>323\$.00</div><div>3241 <input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes – How much? Report net income after business expenses ↗</div><div>343\$.00</div><div>3441 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div></div>	<div><div><input type="checkbox"/> Yes – How much? ↗</div><div>363\$.00</div><div>3641 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss</div></div>

Section I – OCCUPIED UNITS – Continued

49d. Did . . . receive any Social Security or Railroad Retirement payments? Include payments as a retired worker, dependent, or disabled worker.	e. Did . . . receive any income from government programs for Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Home Relief, Safety Net, or any other public assistance or public welfare payments, including shelter allowance?	f. Did . . . receive any income from retirement, survivor, or disability pensions? Include payments from companies, unions, Federal, State, or local governments and the U.S. military. Do NOT include Social Security.
<div><input type="checkbox"/> Yes – How much? </div> <div><div>371</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>372</div><div><div>1</div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? </div> <div><div>391</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>392</div><div><div>1</div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? </div> <div><div>411</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>412</div><div><div>1</div><input type="checkbox"/> No</div></div>
<div><input type="checkbox"/> Yes – How much? </div> <div><div>373</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>374</div><div><div>1</div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? </div> <div><div>393</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>394</div><div><div>1</div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? </div> <div><div>413</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>414</div><div><div>1</div><input type="checkbox"/> No</div></div>
<div><input type="checkbox"/> Yes – How much? </div> <div><div>375</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>376</div><div><div>1</div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? </div> <div><div>395</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>396</div><div><div>1</div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? </div> <div><div>415</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>416</div><div><div>1</div><input type="checkbox"/> No</div></div>
<div><input type="checkbox"/> Yes – How much? </div> <div><div>377</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>378</div><div><div>1</div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? </div> <div><div>397</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>398</div><div><div>1</div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? </div> <div><div>417</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>418</div><div><div>1</div><input type="checkbox"/> No</div></div>
<div><input type="checkbox"/> Yes – How much? </div> <div><div>379</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>380</div><div><div>1</div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? </div> <div><div>399</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>400</div><div><div>1</div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? </div> <div><div>419</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>420</div><div><div>1</div><input type="checkbox"/> No</div></div>
<div><input type="checkbox"/> Yes – How much? </div> <div><div>381</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>382</div><div><div>1</div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? </div> <div><div>401</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>402</div><div><div>1</div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? </div> <div><div>421</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>422</div><div><div>1</div><input type="checkbox"/> No</div></div>
<div><input type="checkbox"/> Yes – How much? </div> <div><div>383</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>384</div><div><div>1</div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? </div> <div><div>403</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>404</div><div><div>1</div><input type="checkbox"/> No</div></div>	<div><input type="checkbox"/> Yes – How much? </div> <div><div>423</div><div>\$ <div></div> . <div>00</div></div><div>Annual amount – Dollars</div></div> <div><div>424</div><div><div>1</div><input type="checkbox"/> No</div></div>

Section I – OCCUPIED UNITS – Continued

49g. Did . . . receive any income from Veterans’ (VA) payments, unemployment compensation, child support, alimony, or any other regular source of income?
Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.

50. How much school has . . . completed?

CHECK ITEM H

Is this the last person listed?

☐ Yes – **How much?** ➤

431

\$

00

Annual amount – Dollars

432

1

☐ No

471

01

☐ No school completed

06

☐ Some college but no degree

02

☐ Up to 6th grade

07

☐ Associate degree

03

☐ 7th or 8th grade

08

☐ College graduate

04

☐ 9th, 10th, 11th, or 12th grade but no H.S. diploma

09

☐ Some graduate/ professional training

05

☐ H.S. diploma

10

☐ Graduate/ professional degree

☐ Yes – *GO to 51*

☐ No – *Return to Check Item G on page 12 for the next person*

☐ Yes – **How much?** ➤

433

\$

00

Annual amount – Dollars

434

1

☐ No

472

01

☐ No school completed

06

☐ Some college but no degree

02

☐ Up to 6th grade

07

☐ Associate degree

03

☐ 7th or 8th grade

08

☐ College graduate

04

☐ 9th, 10th, 11th, or 12th grade but no H.S. diploma

09

☐ Some graduate/ professional training

05

☐ H.S. diploma

10

☐ Graduate/ professional degree

☐ Yes – *GO to 51*

☐ No – *Return to Check Item G on page 12 for the next person*

☐ Yes – **How much?** ➤

435

\$

00

Annual amount – Dollars

436

1

☐ No

473

01

☐ No school completed

06

☐ Some college but no degree

02

☐ Up to 6th grade

07

☐ Associate degree

03

☐ 7th or 8th grade

08

☐ College graduate

04

☐ 9th, 10th, 11th, or 12th grade but no H.S. diploma

09

☐ Some graduate/ professional training

05

☐ H.S. diploma

10

☐ Graduate/ professional degree

☐ Yes – *GO to 51*

☐ No – *Return to Check Item G on page 12 for the next person*

☐ Yes – **How much?** ➤

437

\$

00

Annual amount – Dollars

438

1

☐ No

474

01

☐ No school completed

06

☐ Some college but no degree

02

☐ Up to 6th grade

07

☐ Associate degree

03

☐ 7th or 8th grade

08

☐ College graduate

04

☐ 9th, 10th, 11th, or 12th grade but no H.S. diploma

09

☐ Some graduate/ professional training

05

☐ H.S. diploma

10

☐ Graduate/ professional degree

☐ Yes – *GO to 51*

☐ No – *Return to Check Item G on page 12 for the next person*

☐ Yes – **How much?** ➤

439

\$

00

Annual amount – Dollars

440

1

☐ No

475

01

☐ No school completed

06

☐ Some college but no degree

02

☐ Up to 6th grade

07

☐ Associate degree

03

☐ 7th or 8th grade

08

☐ College graduate

04

☐ 9th, 10th, 11th, or 12th grade but no H.S. diploma

09

☐ Some graduate/ professional training

05

☐ H.S. diploma

10

☐ Graduate/ professional degree

☐ Yes – *GO to 51*

☐ No – *Return to Check Item G on page 12 for the next person*

☐ Yes – **How much?** ➤

441

\$

00

Annual amount – Dollars

442

1

☐ No

476

01

☐ No school completed

06

☐ Some college but no degree

02

☐ Up to 6th grade

07

☐ Associate degree

03

☐ 7th or 8th grade

08

☐ College graduate

04

☐ 9th, 10th, 11th, or 12th grade but no H.S. diploma

09

☐ Some graduate/ professional training

05

☐ H.S. diploma

10

☐ Graduate/ professional degree

☐ Yes – *GO to 51*

☐ No – *Return to Check Item G on page 12 for the next person*

☐ Yes – **How much?** ➤

443

\$

00

Annual amount – Dollars

444

1

☐ No

477

01

☐ No school completed

06

☐ Some college but no degree

02

☐ Up to 6th grade

07

☐ Associate degree

03

☐ 7th or 8th grade

08

☐ College graduate

04

☐ 9th, 10th, 11th, or 12th grade but no H.S. diploma

09

☐ Some graduate/ professional training

05

☐ H.S. diploma

10

☐ Graduate/ professional degree

☐ Yes – *GO to 51*

☐ No – *Return to Check Item G on page 12 for the next person*

Section I – OCCUPIED UNITS – Continued	
<div>51. Does anyone in this household (including children under age 15) receive public assistance or welfare payments from any of the following?</div> <div><div><div>a. Temporary Assistance for Needy Families (TANF), or Family Assistance (previously called AFDC)</div><div>548</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don't know</div></div><div><div>b. Safety Net, also called Home Relief</div><div>549</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don't know</div></div><div><div>c. Supplemental Security Income (SSI), including aid to the blind or disabled</div><div>550</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don't know</div></div><div><div>d. Other – Specify</div><div>551</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don't know</div></div></div>	
<div>52. Does anyone in this household smoke (or use tobacco) on a daily basis?</div> <div><div>570</div><div>1 <input type="checkbox"/> Yes – How many people?</div><div>002 <input type="checkbox"/> No</div><div>003 <input type="checkbox"/> Don't know</div><div><div></div><div>Persons</div></div></div>	
<div>53a. Has anyone in this household been told by a doctor or other health professional that he/she has asthma?</div> <div><div>571</div><div>1 <input type="checkbox"/> Yes – How many people?</div><div>002 <input type="checkbox"/> No</div><div>003 <input type="checkbox"/> Don't know</div><div><div></div><div>Persons</div></div><div>SKIP to 54</div></div> <div><div>b. During the past 12 months, has anyone in this household had an episode of asthma or an asthma attack?</div><div><div>572</div><div>1 <input type="checkbox"/> Yes – How many people?</div><div>002 <input type="checkbox"/> No</div><div>003 <input type="checkbox"/> Don't know</div><div><div></div><div>Persons</div></div></div></div>	
<div>54. During the past 30 days, did . . . (reference person) have any problems performing usual activities such as self-care, work, or recreation because of poor physical or mental health?</div> <div><div>573</div><div>1 <input type="checkbox"/> Yes – How many days?</div><div>002 <input type="checkbox"/> No</div><div>003 <input type="checkbox"/> Don't know</div><div><div></div><div>Days</div></div></div>	
<div>55. Do you agree or disagree with the following statements?</div> <div><div>a. People around here are willing to help their neighbors.</div><div>574</div><div>1 <input type="checkbox"/> Strongly agree</div><div>2 <input type="checkbox"/> Agree</div><div>3 <input type="checkbox"/> Disagree</div><div>4 <input type="checkbox"/> Strongly disagree</div></div> <div><div>b. People in this neighborhood can be trusted.</div><div>575</div><div>1 <input type="checkbox"/> Strongly agree</div><div>2 <input type="checkbox"/> Agree</div><div>3 <input type="checkbox"/> Disagree</div><div>4 <input type="checkbox"/> Strongly disagree</div></div>	
CHECK ITEM I	<div>REFER TO QUESTION 7a FOR THE REFERENCE PERSON</div> <div><input type="checkbox"/> Born in New York City (box 9 marked) – SKIP to closing statement below.</div> <div><input type="checkbox"/> Born in U.S. outside New York City (box 10 marked) – SKIP to 57</div> <div><input type="checkbox"/> Born outside U.S. (box 11–24 marked) – Go to 56a</div>
<div>56a. Did . . . (reference person) move to the United States as an immigrant?</div> <div><div>560</div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div></div> <div><div>b. In what year did . . . (reference person) move to the United States?</div><div>561</div><div><div></div><div></div><div></div><div></div><div></div></div></div>	
<div>57. In what year did . . . (reference person) move to New York City? (most recent move if more than one)</div> <div><div>562</div><div><div></div><div></div><div></div><div></div><div></div></div><div>– Go to closing statement below.</div></div> <div>Enter all four digits of year.</div>	
<div>CLOSING STATEMENT</div> <div>Thank you for answering the survey questions. Before I turn it in, I'll review this form to make certain I didn't skip anything. If I did, it would be easier to call you back rather than return here. Would you please give me your phone number in case I need to follow-up.</div> <div><div>Area code</div><div>029</div><div><div></div><div></div><div></div><div></div></div><div>Number</div><div><div></div><div></div><div></div><div></div></div><div>–</div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	
END INTERVIEW . Fill items N and O on the front cover.	

Section II – VACANT UNITS	
58. If this apartment (house) is occupied, will it be the first occupancy since its construction, gut rehabilitation, or creation through conversion?	<div>518</div> <div><div><input type="checkbox"/> Yes, first occupancy</div><div><input type="checkbox"/> No, previously occupied</div><div><input type="checkbox"/> Don't know</div></div>
NOTE – Questions 59–61a, 62a and 62b pertain to the building. Be certain to mark (X) the same box for each form in the same building.	
59. How many units are in this building? <i>If the respondent doesn't know, canvass the building and count the units.</i>	<div>519</div> <div><div><div><div>01</div><div><input type="checkbox"/> 1 unit without business</div></div><div><div>02</div><div><input type="checkbox"/> 1 unit with business</div></div><div><div>03</div><div><input type="checkbox"/> 2 units without business</div></div><div><div>04</div><div><input type="checkbox"/> 2 units with business</div></div><div><div>05</div><div><input type="checkbox"/> 3 units</div></div><div><div>06</div><div><input type="checkbox"/> 4 or 5 units</div></div><div><div>07</div><div><input type="checkbox"/> 6 to 9 units</div></div><div><div>08</div><div><input type="checkbox"/> 10 to 12 units</div></div><div><div>09</div><div><input type="checkbox"/> 13 to 19 units</div></div><div><div>10</div><div><input type="checkbox"/> 20 to 49 units</div></div><div><div>11</div><div><input type="checkbox"/> 50 to 99 units</div></div><div><div>12</div><div><input type="checkbox"/> 100 to 199 units</div></div><div><div>13</div><div><input type="checkbox"/> 200 or more units</div></div></div></div>
60. Does the owner of this building live in this building?	<div>520</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don't know</div></div>
61a. How many stories are in this building? <i>Count the basement if there are people living in it.</i>	<div>521</div> <div><div><div><div>01</div><div><input type="checkbox"/> One – SKIP to 62c</div></div><div><div>02</div><div><input type="checkbox"/> Two</div></div><div><div>03</div><div><input type="checkbox"/> Three</div></div><div><div>04</div><div><input type="checkbox"/> Four</div></div><div><div>05</div><div><input type="checkbox"/> Five</div></div><div><div>06</div><div><input type="checkbox"/> 6 to 10</div></div><div><div>07</div><div><input type="checkbox"/> 11 to 20</div></div><div><div>08</div><div><input type="checkbox"/> 21 to 40</div></div><div><div>09</div><div><input type="checkbox"/> 41 or more</div></div></div></div>
b. On what floor number is this unit? <i>Enter the 2-digit floor number or mark (X) box "0" if basement unit. Enter the lowest floor number if on more than one floor.</i>	<div>554</div> <div><div><div><div>0</div><div><input type="checkbox"/> Basement</div></div><div><div><div></div><div></div></div><div>Floor</div></div></div></div>
62a. Is there a passenger elevator in this building?	<div>522</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to 62c</div></div>
b. Is it possible to go from the sidewalk to a passenger elevator without going up or down any steps or stairs?	<div>553</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don't know</div></div>
c. Is it possible to go from the sidewalk to this unit without going up or down any steps or stairs?	<div>555</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don't know</div></div>
63a. How many rooms are in this apartment (house)? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.	<div>523</div> <div><div><div><div>1</div><div><input type="checkbox"/> One – SKIP to 64a</div></div><div><div>2</div><div><input type="checkbox"/> Two</div></div><div><div>3</div><div><input type="checkbox"/> Three</div></div><div><div>4</div><div><input type="checkbox"/> Four</div></div><div><div>5</div><div><input type="checkbox"/> Five</div></div><div><div>6</div><div><input type="checkbox"/> Six</div></div><div><div>7</div><div><input type="checkbox"/> Seven</div></div><div><div>8</div><div><input type="checkbox"/> Eight or more</div></div></div></div>
b. Of these rooms, how many are bedrooms?	<div>524</div> <div><div><div><div>01</div><div><input type="checkbox"/> None</div></div><div><div>02</div><div><input type="checkbox"/> One</div></div><div><div>03</div><div><input type="checkbox"/> Two</div></div><div><div>04</div><div><input type="checkbox"/> Three</div></div><div><div>05</div><div><input type="checkbox"/> Four</div></div><div><div>06</div><div><input type="checkbox"/> Five</div></div><div><div>07</div><div><input type="checkbox"/> Six</div></div><div><div>08</div><div><input type="checkbox"/> Seven</div></div><div><div>09</div><div><input type="checkbox"/> Eight or more</div></div></div></div>
Notes	

Section II – VACANT UNITS – Continued	
64a. Does this apartment (house) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?	<div>525</div> <div><div><div><input type="checkbox"/> Yes, has complete plumbing facilities – <i>GO to 64b</i></div><div><input type="checkbox"/> No, has some but not all facilities in this apartment (house)</div><div><input type="checkbox"/> No plumbing facilities in this apartment (house)</div></div><div>SKIP to 65a</div></div>
b. Are these facilities for the exclusive use of the intended occupants of this apartment (house) or are they also intended for use by the occupants of another apartment (house)?	<div>526</div> <div><div><input type="checkbox"/> For the exclusive use of the intended occupants of this apartment (house)</div><div><input type="checkbox"/> Also intended for use by the occupants of another apartment (house)</div></div>
65a. Does this apartment (house) have complete kitchen facilities? Complete kitchen facilities include a sink with piped water, a range or cookstove, and a refrigerator.	<div>527</div> <div><div><div><input type="checkbox"/> Yes, has complete kitchen facilities – <i>GO to 65b</i></div><div><input type="checkbox"/> No, has some but not all facilities in this apartment (house)</div><div><input type="checkbox"/> No kitchen facilities in this apartment (house), but facilities available in building</div><div><input type="checkbox"/> No kitchen facilities in this building</div></div><div>SKIP to 66</div></div>
b. Are these facilities for the exclusive use of the intended occupants of this apartment (house) or are they also intended for use by the occupants of another apartment (house)?	<div>528</div> <div><div><input type="checkbox"/> For the exclusive use of the intended occupants of this apartment (house)</div><div><input type="checkbox"/> Also intended for use by the occupants of another apartment (house)</div></div>
66. How is this apartment (house) heated – by fuel oil, utility gas, electricity, or with some other fuel?	<div>529</div> <div><div><input type="checkbox"/> Fuel oil</div><div><input type="checkbox"/> Utility gas</div><div><input type="checkbox"/> Electricity</div><div><input type="checkbox"/> Other fuel (including CON ED steam)</div><div><input type="checkbox"/> Don’t know</div></div>
67. Is this apartment (house) part of a condominium or cooperative building or development? <i>A condominium is a building or development with individually owned apartments or houses having commonly owned areas and grounds. A cooperative or co-op is a building or development that is owned by its shareholders.</i>	<div>530</div> <div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes, a condominium</div><div><input type="checkbox"/> Yes, a cooperative</div><div><input type="checkbox"/> Don’t know</div></div>
68. How long has this apartment (house) been vacant?	<div>531</div> <div><div><input type="checkbox"/> Less than 1 month</div><div><input type="checkbox"/> 1 up to 2 months</div><div><input type="checkbox"/> 2 up to 3 months</div><div><input type="checkbox"/> 3 up to 6 months</div><div><input type="checkbox"/> 6 up to 12 months</div><div><input type="checkbox"/> 1 year or more</div></div>
69a. Before this apartment (house) became vacant was it owner or renter occupied?	<div>532</div> <div><div><input type="checkbox"/> Owner occupied</div><div><input type="checkbox"/> Renter occupied</div><div><input type="checkbox"/> Never previously occupied</div><div><input type="checkbox"/> Don’t know</div></div>
b. Before this apartment (house) became vacant was it part of a condominium or cooperative building or development?	<div>533</div> <div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes, a condominium</div><div><input type="checkbox"/> Yes, a cooperative</div><div><input type="checkbox"/> Don’t know</div></div>
Notes	

Section II – VACANT UNITS – Continued	
70. Is this apartment (house) –	<div>534</div> <div><div><div><div>1</div><div><input type="checkbox"/></div><div>Available for rent? – <i>SKIP to 72</i></div></div><div><div>2</div><div><input type="checkbox"/></div><div>Available for sale only? – <i>SKIP to closing statement below.</i></div></div><div><div>3</div><div><input type="checkbox"/></div><div>Not available for rent or sale? – <i>GO to 71</i></div></div></div></div>
71. What are the reasons that this apartment (house) is not available for sale or rent? <i>List all reasons mentioned, and then be sure to mark (X) ONLY one box for the primary reason.</i> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div>535</div> <div><div><div><div>01</div><div><input type="checkbox"/></div><div>Rented, not yet occupied</div></div><div><div>02</div><div><input type="checkbox"/></div><div>Sold, not yet occupied</div></div><div><div>03</div><div><input type="checkbox"/></div><div>Unit or building is undergoing renovation</div></div><div><div>04</div><div><input type="checkbox"/></div><div>Unit or building is awaiting renovation</div></div><div><div>05</div><div><input type="checkbox"/></div><div>Being converted to nonresidential purposes</div></div><div><div>06</div><div><input type="checkbox"/></div><div>There is a legal dispute involving the unit</div></div><div><div>07</div><div><input type="checkbox"/></div><div>Being converted or awaiting conversion to condominium or cooperative</div></div><div><div>08</div><div><input type="checkbox"/></div><div>Held for occasional, seasonal, or recreational use</div></div><div><div>09</div><div><input type="checkbox"/></div><div>The owner cannot rent or sell at this time due to personal problems (e.g. age or illness)</div></div><div><div>10</div><div><input type="checkbox"/></div><div>Being held pending sale of building</div></div><div><div>11</div><div><input type="checkbox"/></div><div>Being held for planned demolition</div></div><div><div>12</div><div><input type="checkbox"/></div><div>Held for other reasons – <i>Specify</i> ↴</div></div></div><div></div></div> <div>SKIP to closing statement below.</div>
72. What is the MONTHLY asking rent? <i>(If rent is paid other than monthly, refer to the manual on how to convert it.)</i> <i>INTERVIEWER: If the respondent indicates that the monthly rent for the vacant unit is based upon the income of the tenant – ask for a rent range such as \$700–\$800. Then enter the midpoint of the range; in this case \$750.</i>	<div>536</div> <div>\$ <div></div> . <div>00</div> Per month</div>

CLOSING STATEMENT

Thank you for answering the survey questions. Before I turn it in, I'll review this form to make certain I didn't skip anything. If I did, it would be easier to call you back rather than return here. Would you please give me your phone number in case I need to follow-up.

Area code

Number

029

END INTERVIEW. Fill item N on the front cover.

Notes